


10 





2 / 3 0

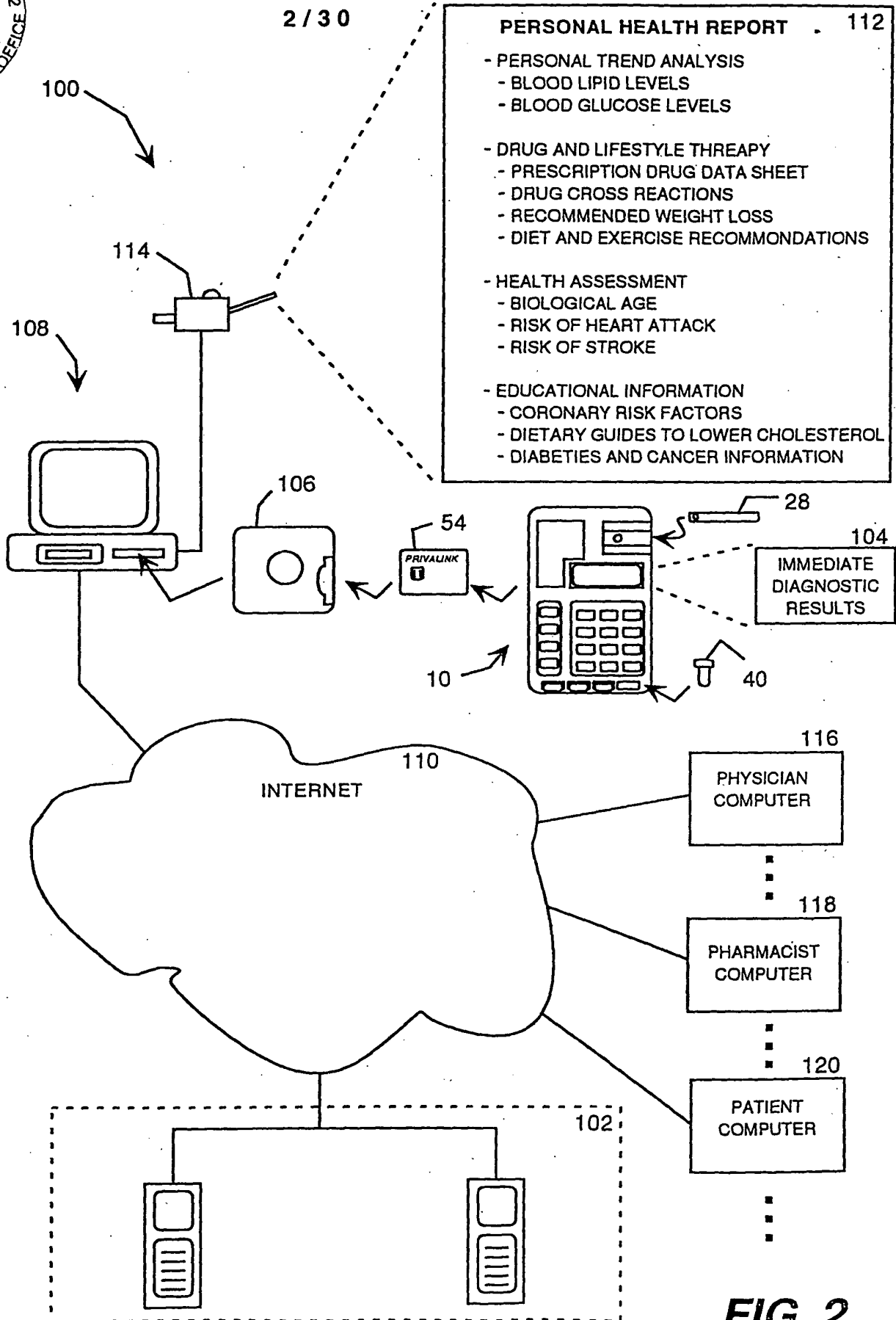


FIG. 2

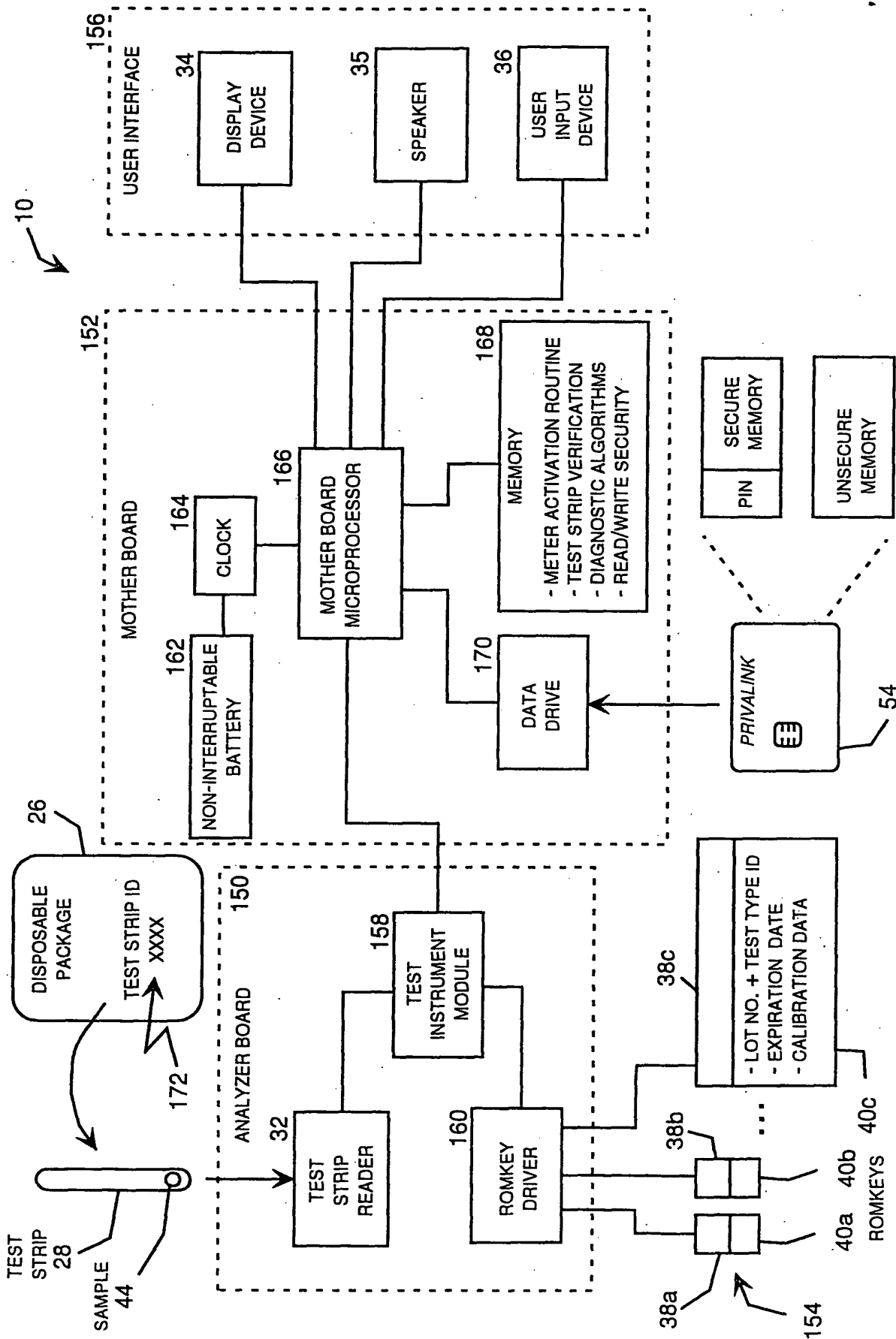
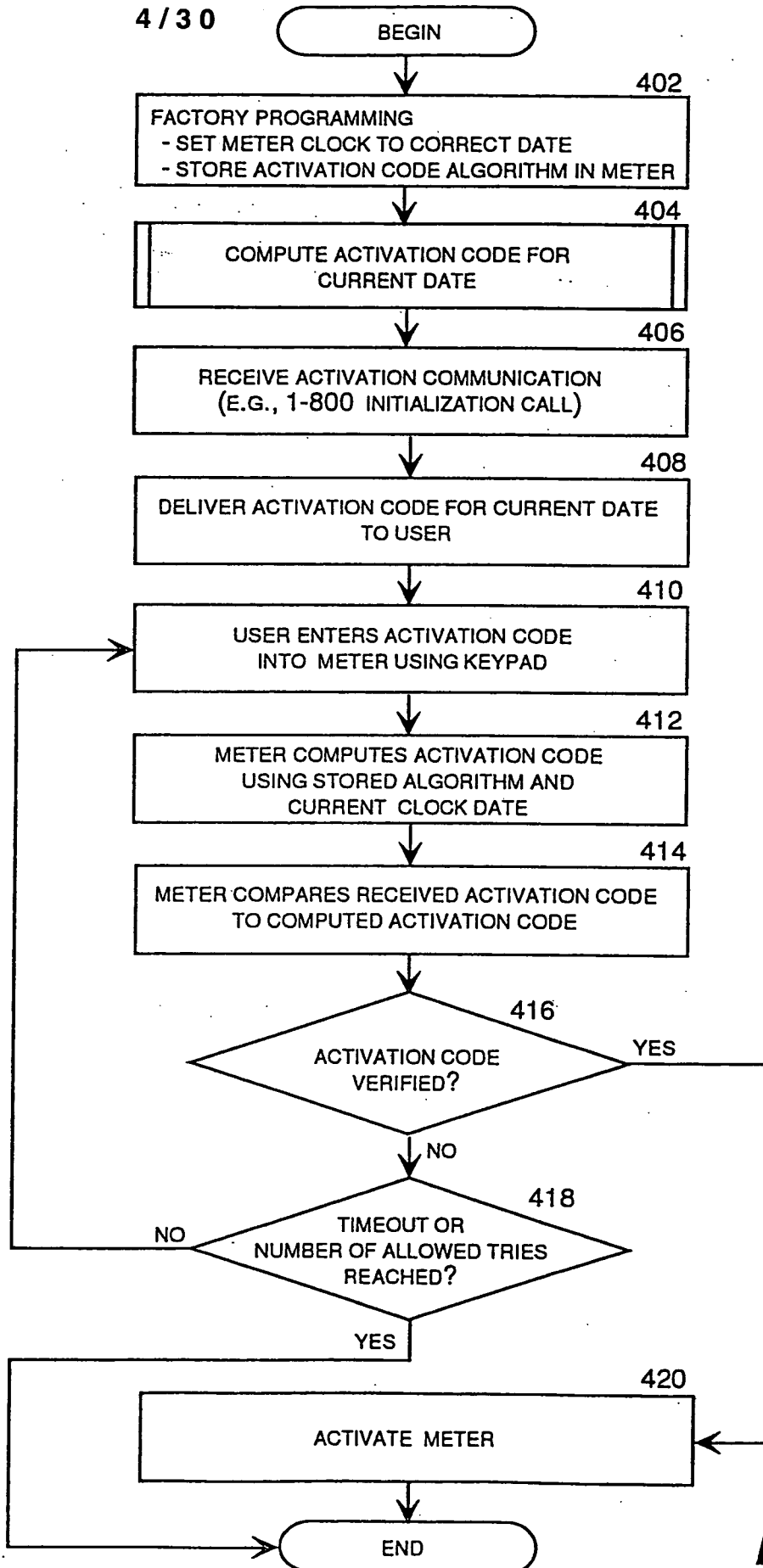


FIG. 3



4/30



METER
ACTIVATION
ROUTINE
400

FIG. 4



5 / 3 0

COMPUTE
ACTIVATION CODE
ROUTINE
404

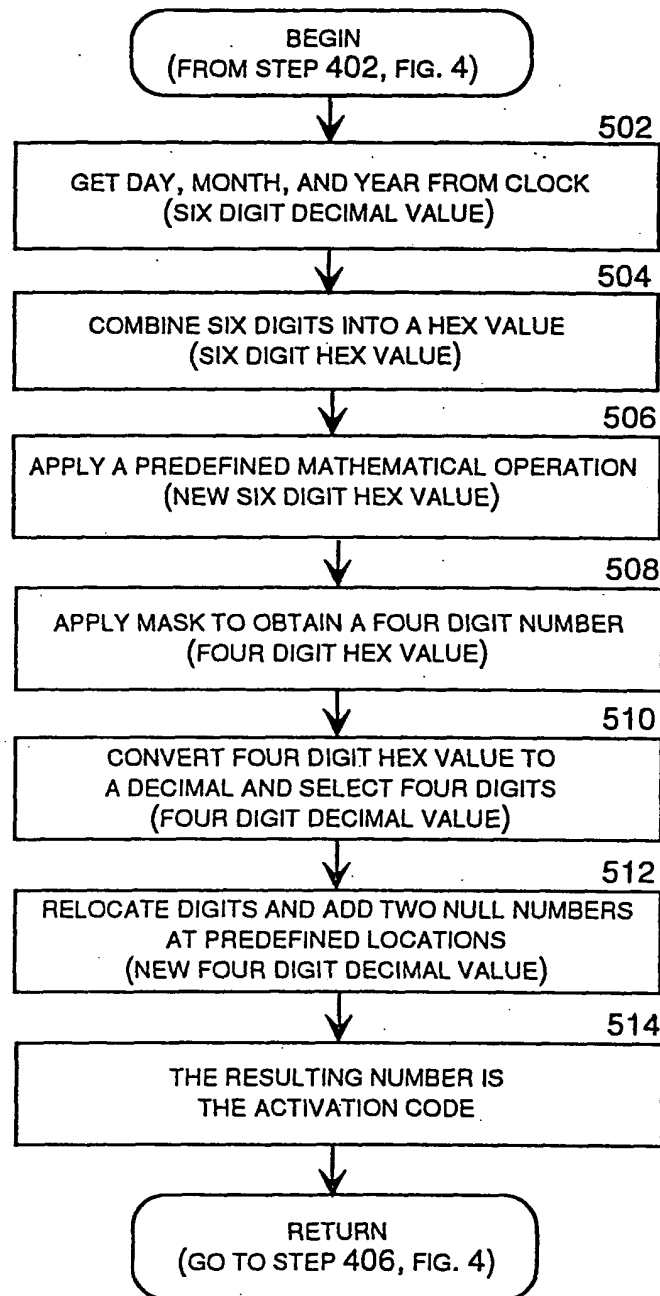
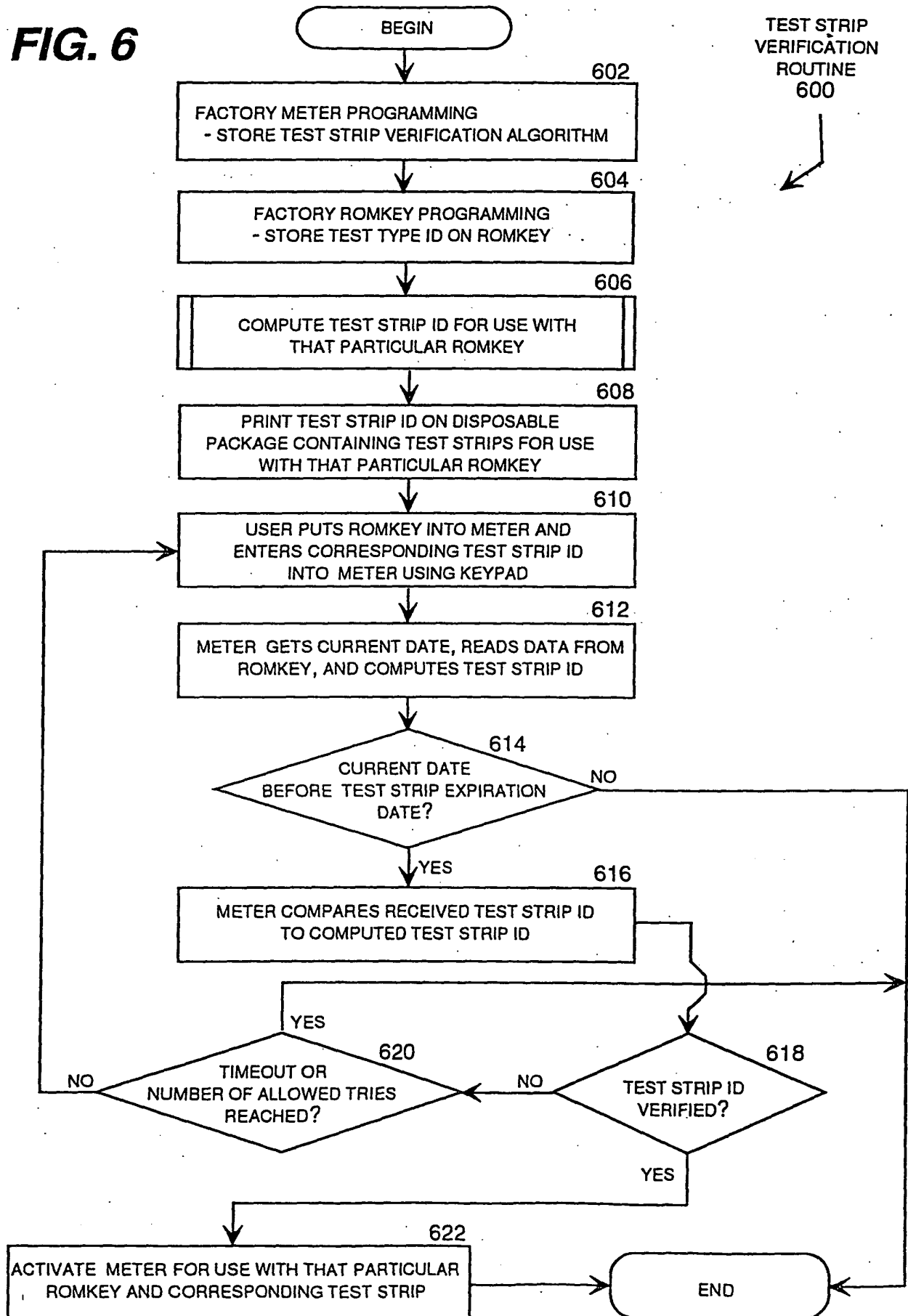


FIG. 5

6/30

FIG. 6





7 / 3 0

COMPUTE
TEST STRIP ID
ROUTINE
606

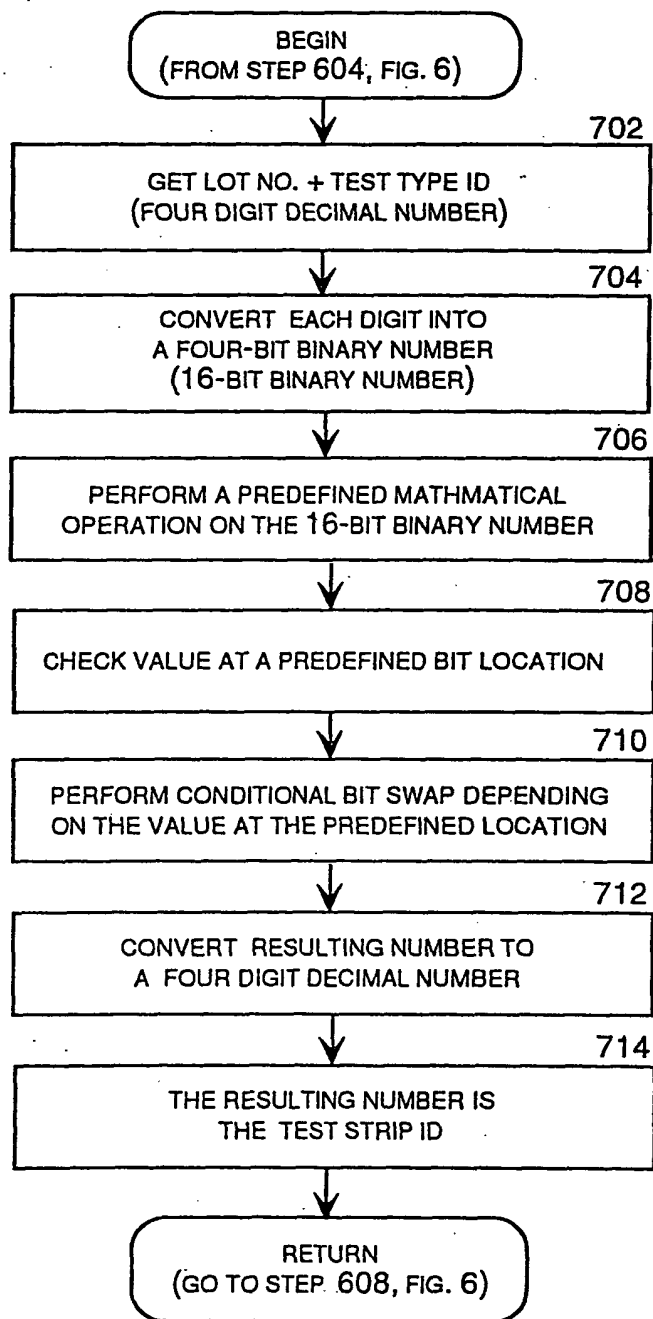


FIG. 7



8 / 30

DIAGNOSTIC
PROGRAMMING
ROUTINE
800

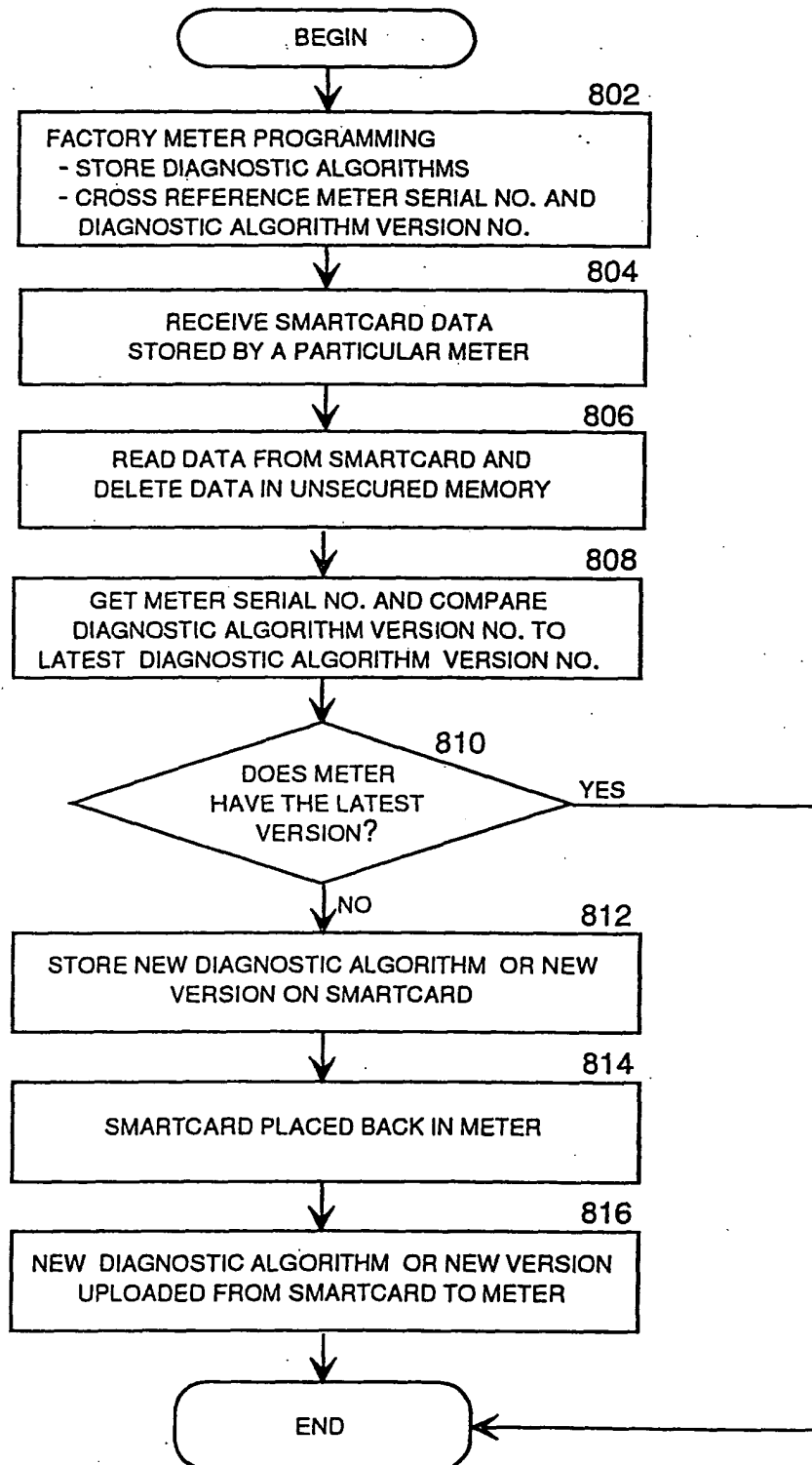


FIG. 8



9/30

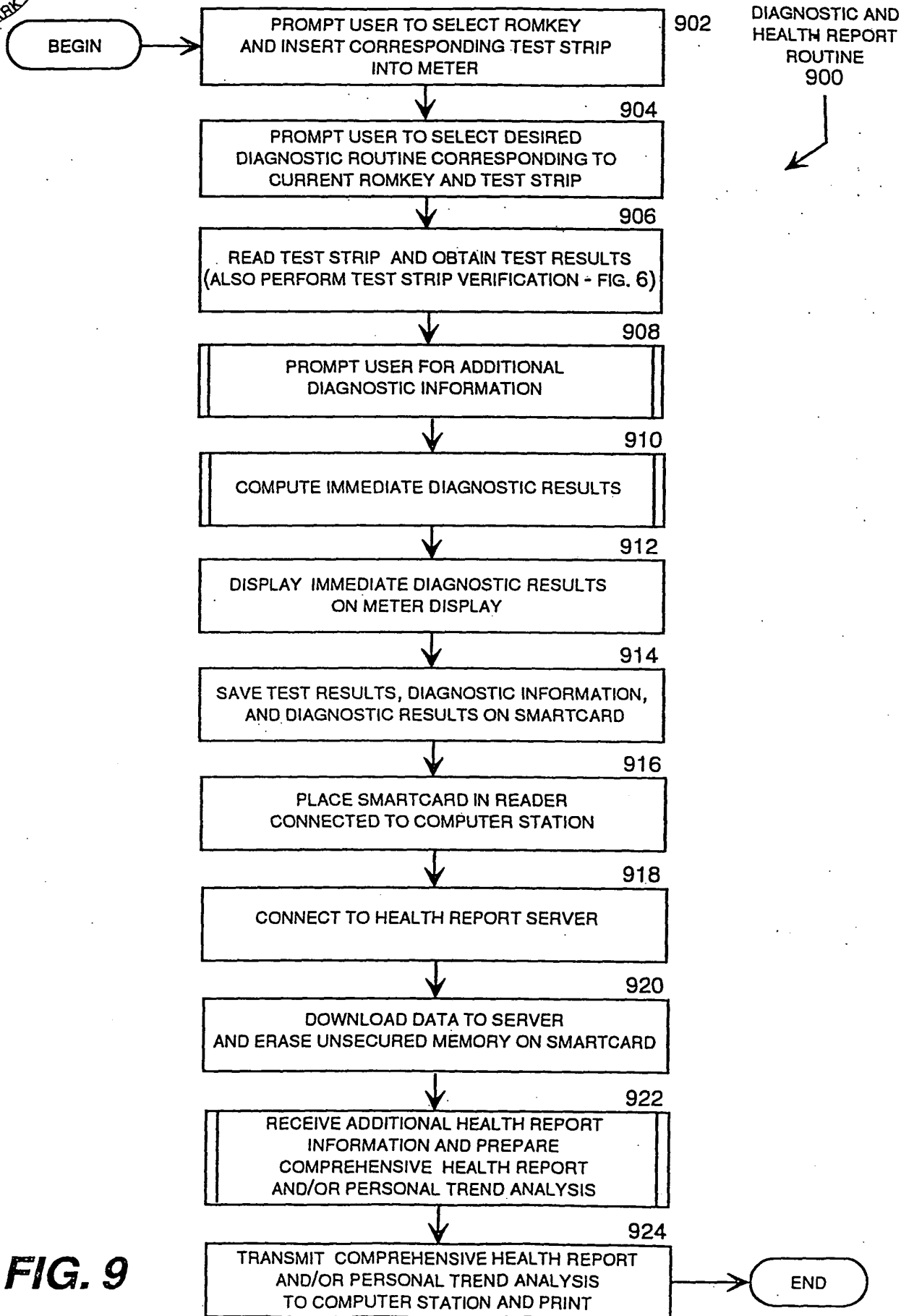
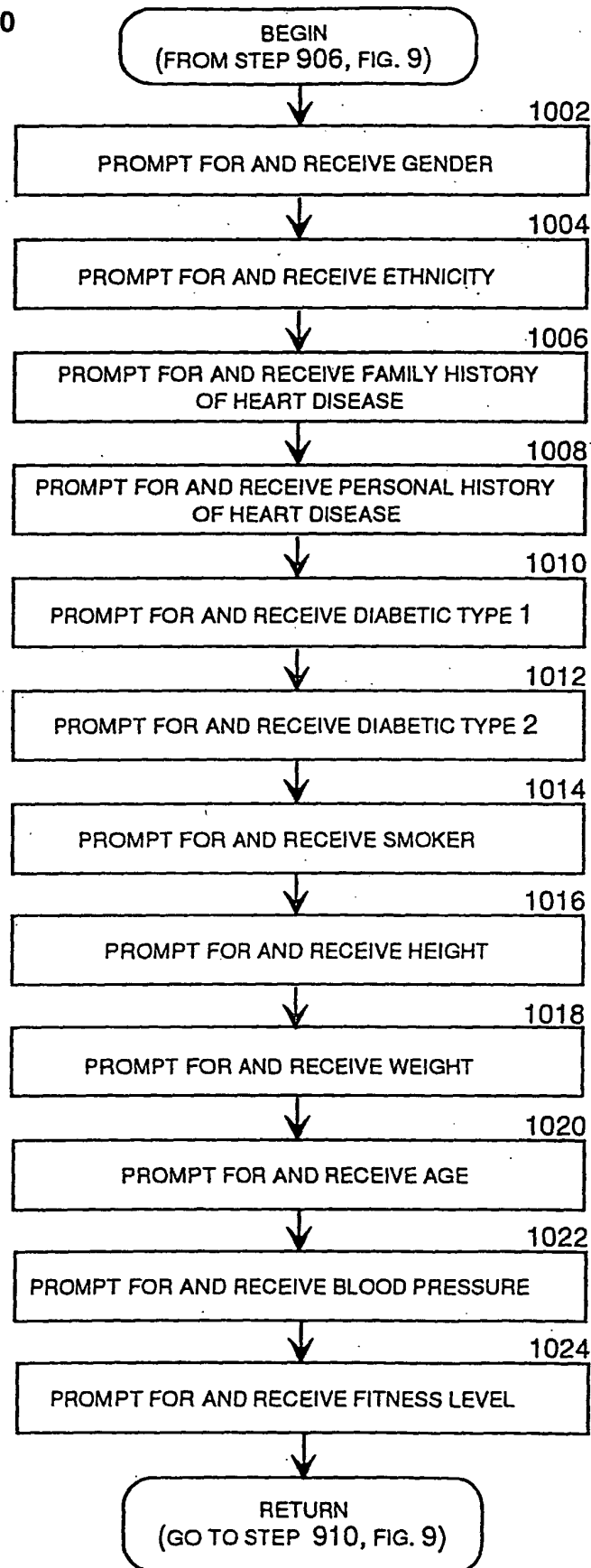


FIG. 9

10/30



EXAMPLE
CHOLESTEROL
ROUTINE
908

FIG. 10

11/30

EXAMPLE
CHOLESTEROL
ROUTINE
910

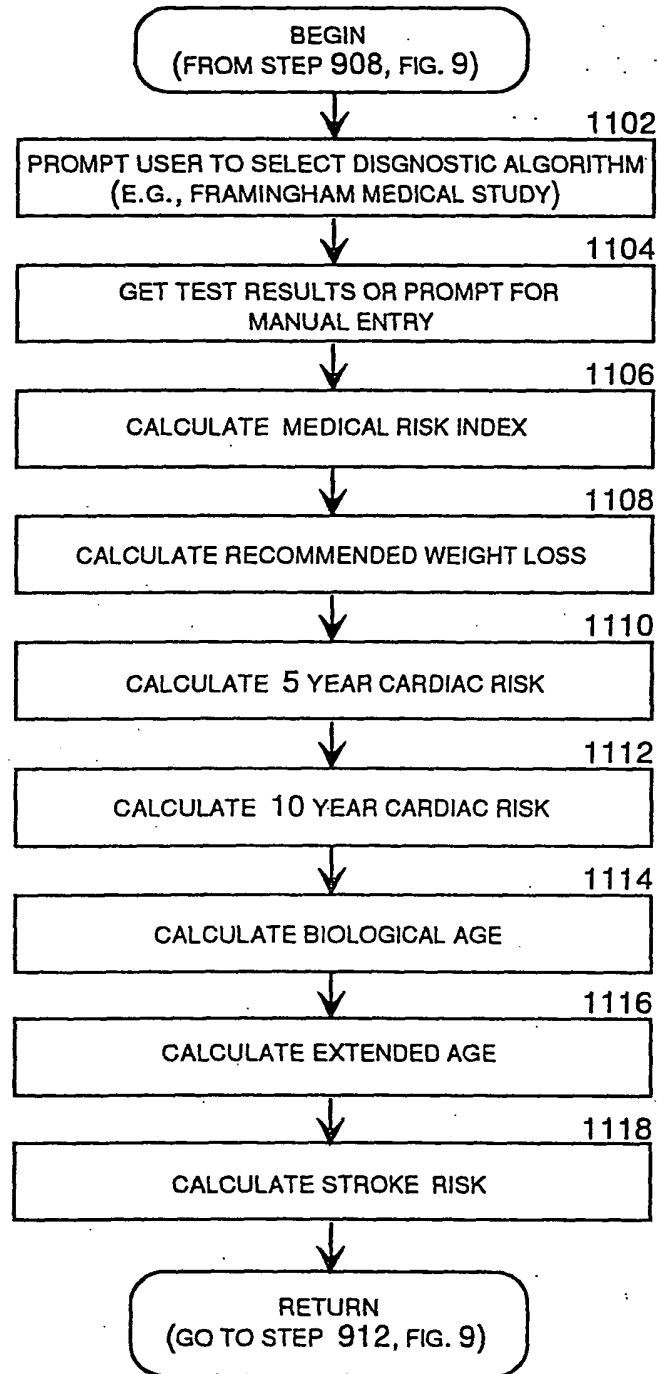


FIG. 11



12 / 30

EXAMPLE
CHOLESTEROL
ROUTINE
922

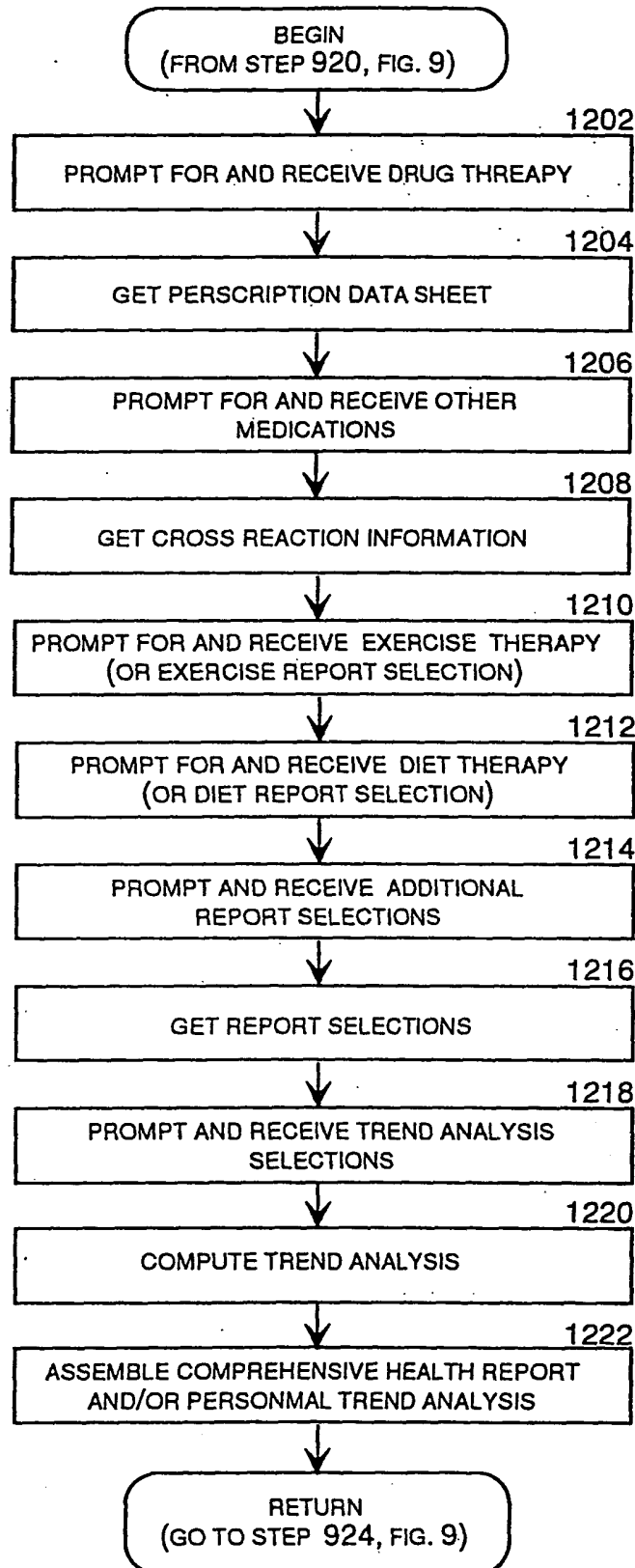


FIG. 12

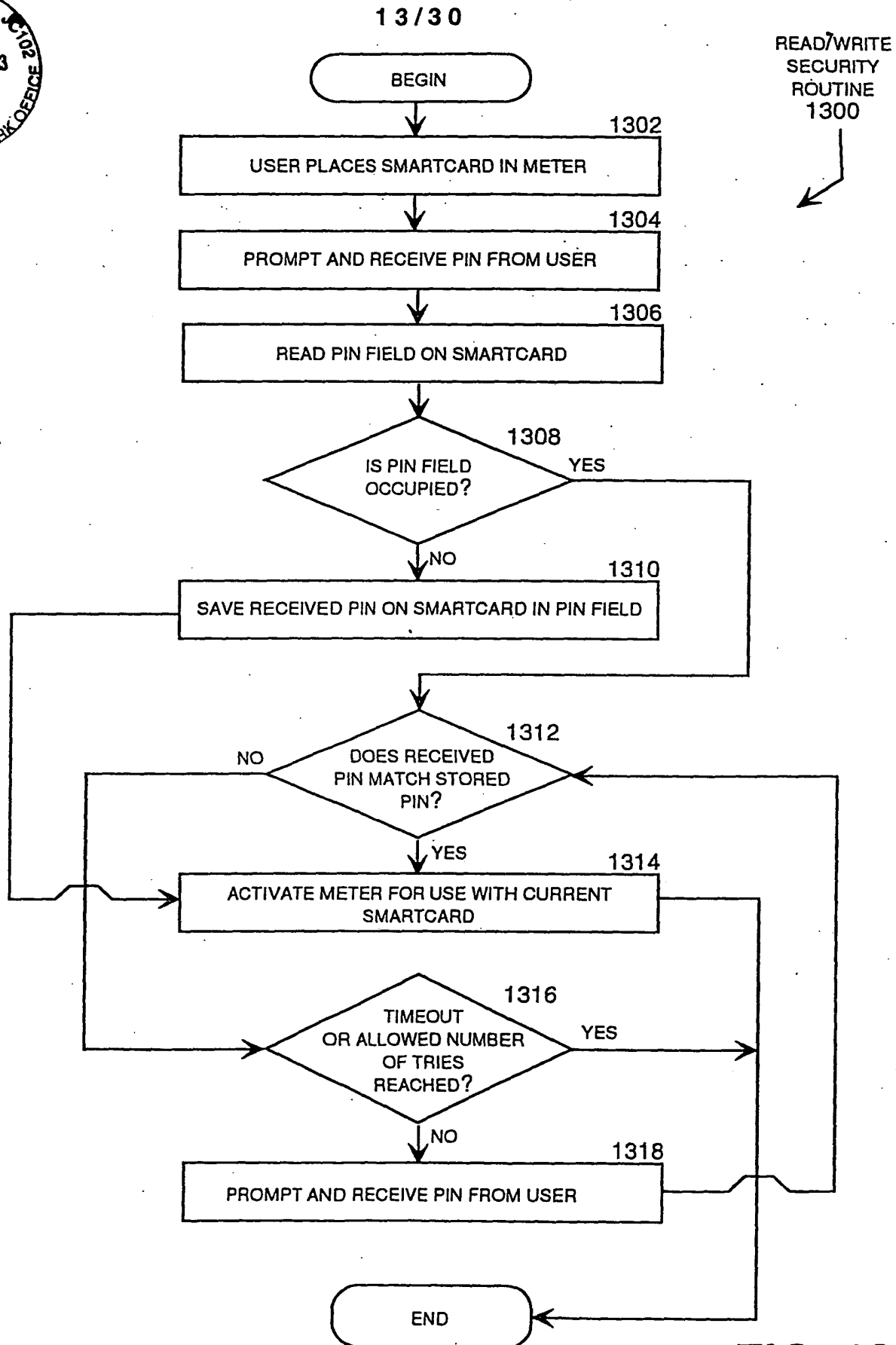


FIG. 13

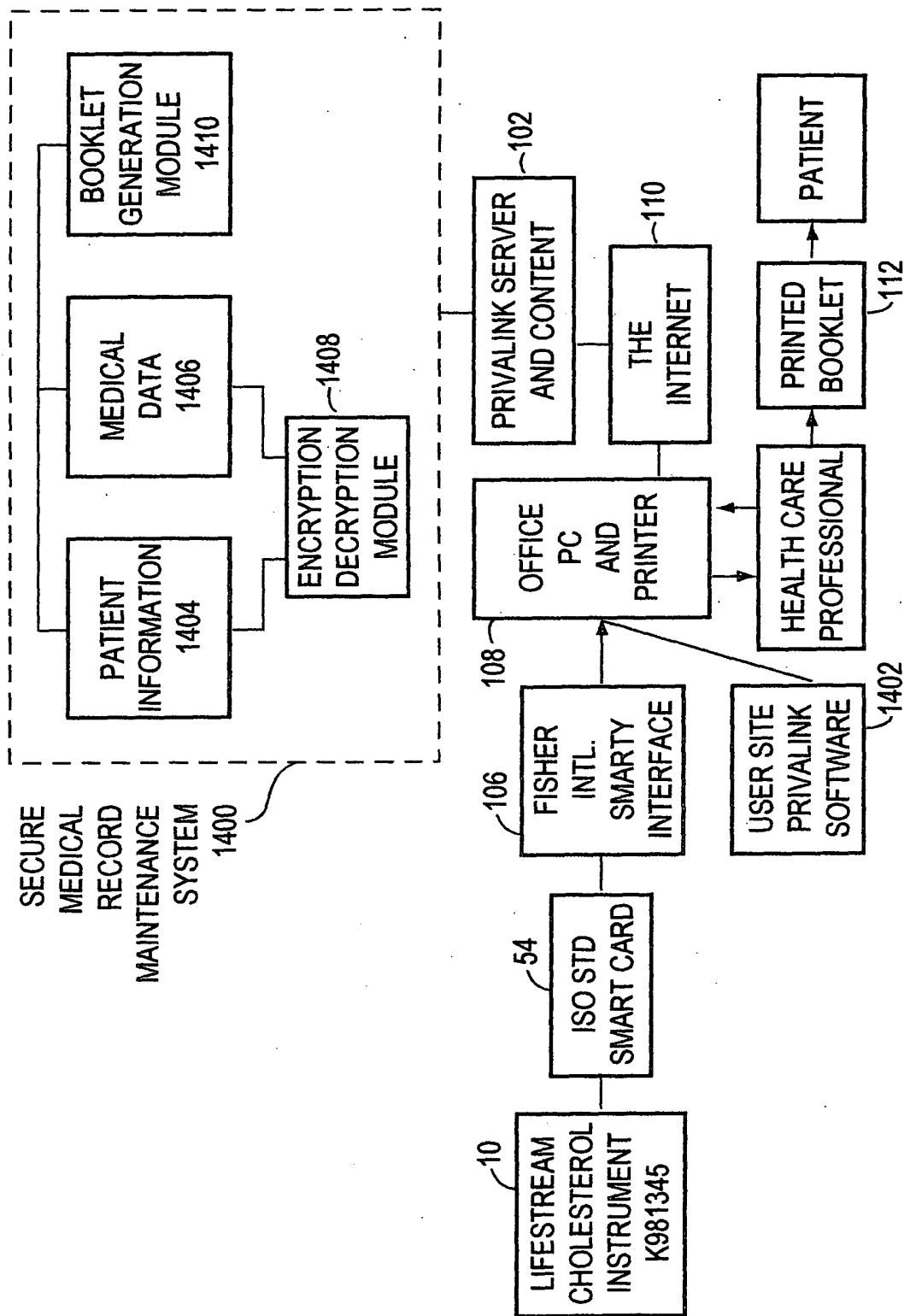


FIG. 14

15/30

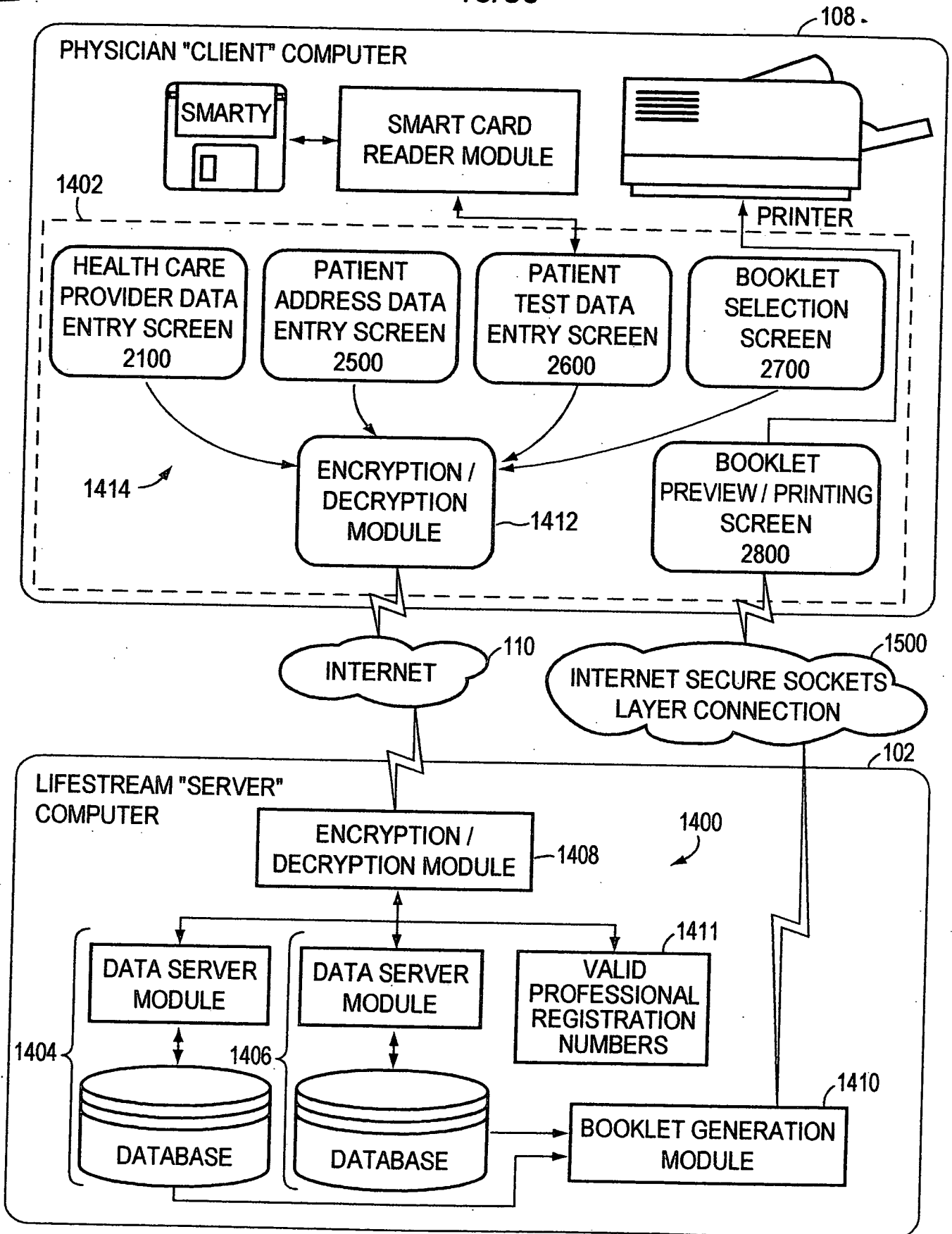


FIG. 15

16/30

GLOBAL SYSTEM HARDWARE PICTORIAL

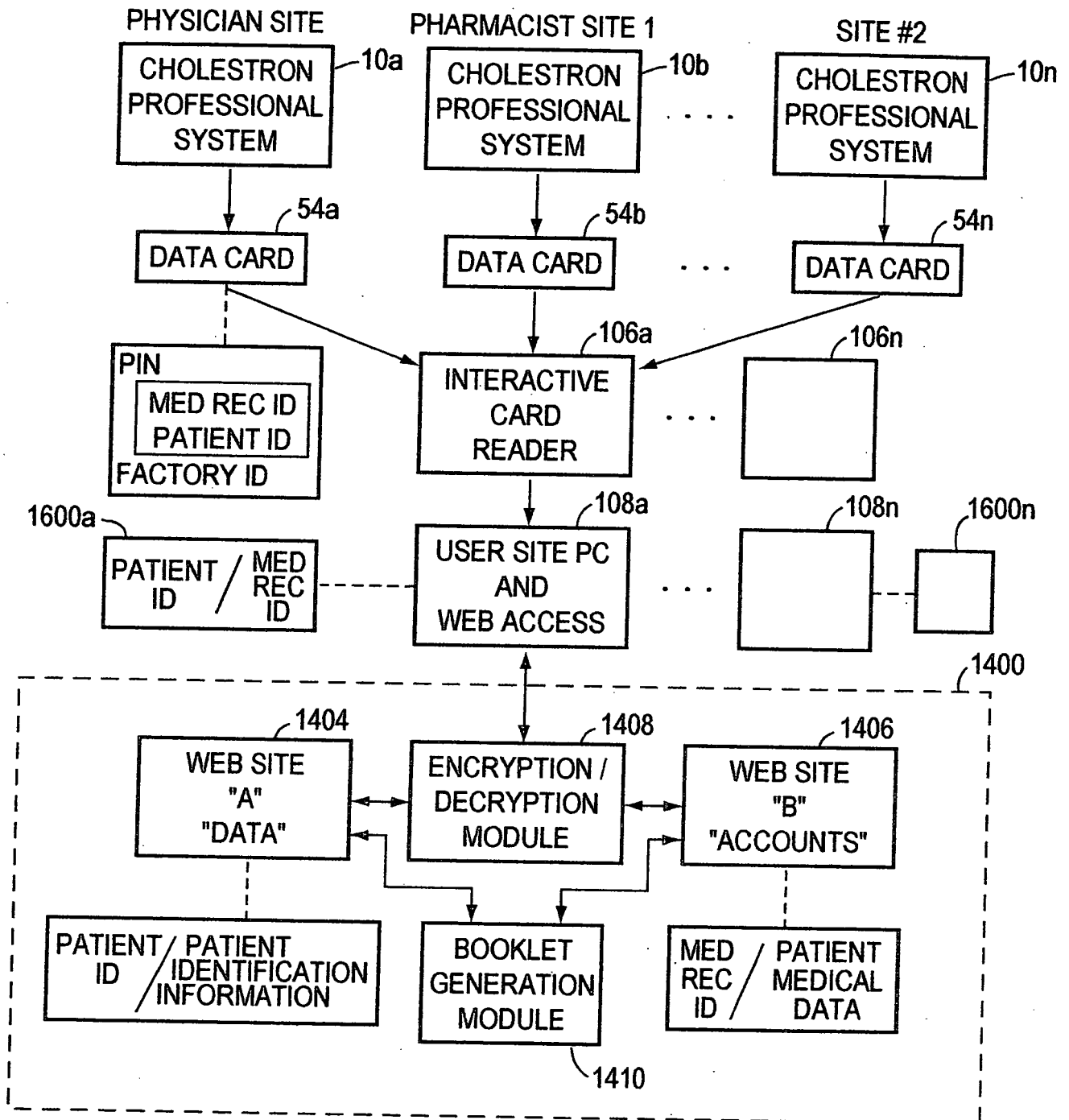
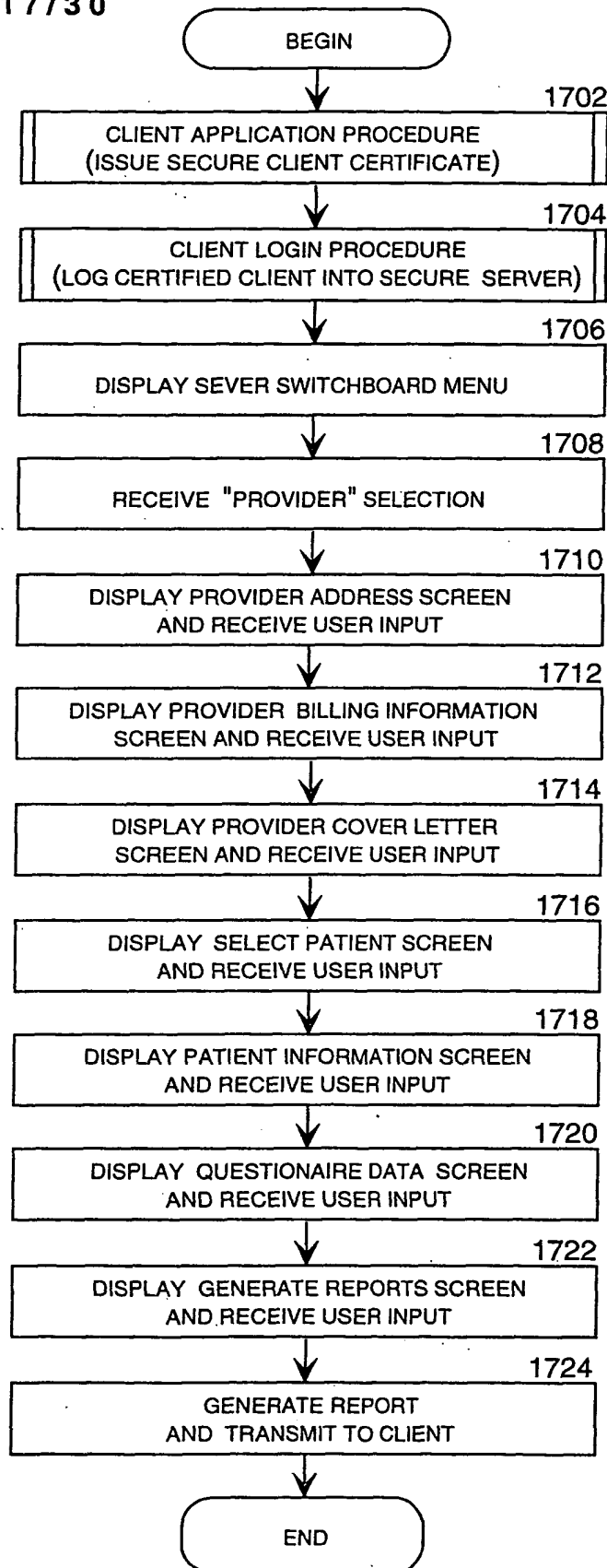


FIG. 16



17/30



CLIENT
ACCESS
ROUTINE
1700



FIG. 17



18/30

CLIENT
APPLICATION
ROUTINE
1702

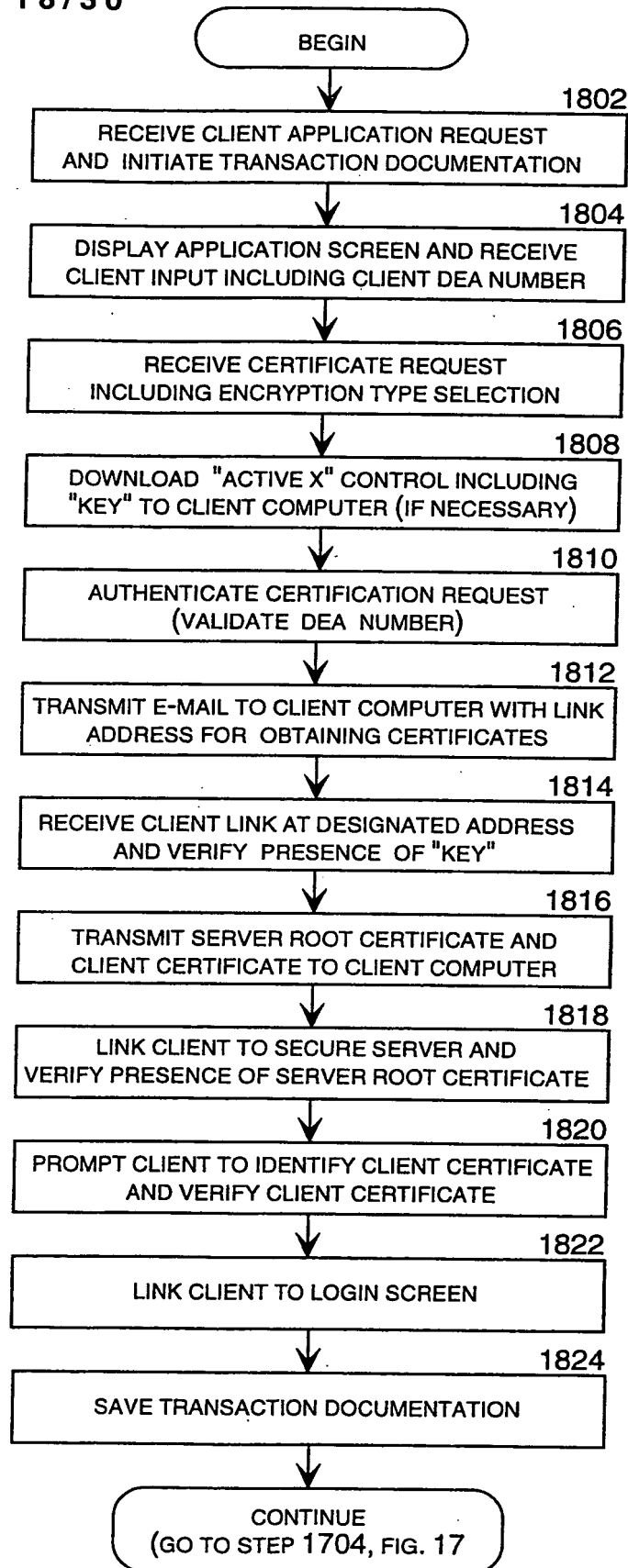


FIG. 18



19/30

CLIENT
LOGIN ROUTINE
1704

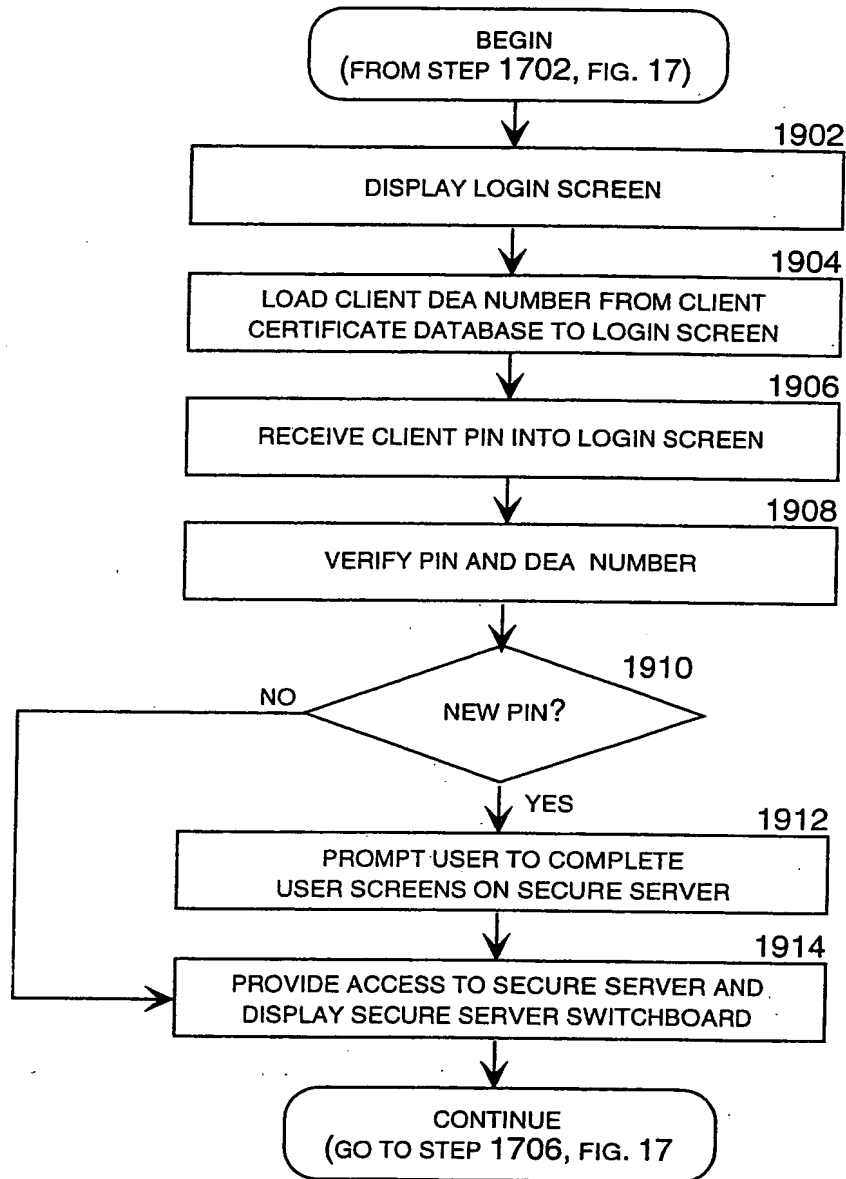


FIG. 19



20/30

INITIAL INPUT SELECTION

2000

2002 2004

| | | | | |
|----------|----------|----------|------------|-----------|
| Provider | Patients | Programs | Online PDR | Abstracts |
|----------|----------|----------|------------|-----------|

FIG. 20

BILLING MODULE

2100

2102 2106 2108 2110 2104

| Address Billing Info Cover Letter | | | | | | | | | | | | | | |
|--|-----------|------------------------------------|----------------------|--------|------------|-----------|-------|--------|--------|--------|--|------------|--------------|--|
| Account | | Associate PIN Numbers | | | | | | | | | | | | |
| Provider Number XX1234567 | | PIN **** | | | | | | | | | | | | |
| <table border="1"><thead><tr><th>First Name</th><th>Last Name</th></tr></thead><tbody><tr><td>Jane</td><td>Worker</td></tr><tr><td>Joe</td><td>Worker</td></tr></tbody></table> | | | | | First Name | Last Name | Jane | Worker | Joe | Worker | | | | |
| First Name | Last Name | | | | | | | | | | | | | |
| Jane | Worker | | | | | | | | | | | | | |
| Joe | Worker | | | | | | | | | | | | | |
| <table border="1"><thead><tr><th>Name</th><th>Title</th><th>First</th><th>Last</th><th>Degree</th></tr></thead><tbody><tr><td></td><td></td><td>Lifestream</td><td>Technologies</td><td></td></tr></tbody></table> | | | | | Name | Title | First | Last | Degree | | | Lifestream | Technologies | |
| Name | Title | First | Last | Degree | | | | | | | | | | |
| | | Lifestream | Technologies | | | | | | | | | | | |
| Address | | | | | | | | | | | | | | |
| Street Address 510 Clearwater Loop | | | | | | | | | | | | | | |
| Suite 101 | | | | | | | | | | | | | | |
| City Post Falls | | State/Region ID | Postal Code 83854 | | | | | | | | | | | |
| Country United States | | | | | | | | | | | | | | |
| Other | | | | | | | | | | | | | | |
| Phone (208) 457-9409 | | Fax (509) 457-9509 | | | | | | | | | | | | |
| Birthdate 1/1/60 | | E-mail sales@lifestreamtech.com | | | | | | | | | | | | |
| Notes | | | | | | | | | | | | | | |
| 1.0.3.4 | | | | | | | | | | | | | | |
| Save | | | | | | | | | | | | | | |

FIG. 21



21/30

2108

2200

2202

Address Billing Info Cover Letter

Billing Method

Credit Card Information

Credit Card Number Expiration Date

Name on card

Checking Account Information

Checking Account Routing Number


 Save

FIG. 22



22/30

2110

Address Billing Info Cover Letter

From the Office of Lifestream Technologies
510 Clearwater Loop, Suite 101, Post Falls, Idaho 83854
Phone: (208) 457-9409 Fax: (208) 457-9509

~Data~

~Pt.Name~
~Pt.Address~
~Pt.City~, ~Pt.State~ ~Pt.Zip~

Dear ~Pt.FirstName~,

Editor Save

FIG. 23




23/30

2400


1.0.253

Select an existing patient or add a new patient


☒ Select Existing Patient





☐ Add New Patient


 Read SmartCard

Administrative

 Backup

 Recreate Card

 Restore

 Quick List


 Next

FIG. 24




24/30

2500

Patient Information

| | | |
|---|---------------------|------------------------|
| Account File Number 123 | | Entry Date 11/24/98 |
| Name First Jill | | |
| Last Smith | | |
| Address Street Address 110 Main | | |
| City Spokane | State/Region WA | Postal Code 99201 |
| Country United States | Language English | |
| Other Phone (509) 555-1212 | | |
| Fax | | |
| Birthdate 1/1/50 | | |
| Gender <input type="radio"/> Male <input checked="" type="radio"/> Female | | |
| E-mail | | |
| <input checked="" type="checkbox"/> Include on Mailing List | | |
| Notes | | |

 Save


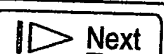
 Previous  Next

FIG. 25



25/30

2600

Questionnaire Data

Patient

| File Number | First | Last | Test Time Stamp |
|-------------|-------|-------|--------------------|
| 123 | Jill | Smith | 12/8/98 10:16:01AM |

Risk Components

| | | | | | |
|------------------|-------------------------------------|--------|---------------------------------|-----------|--|
| Family History | <input checked="" type="checkbox"/> | Height | 68 <input type="text"/> inches | Glucose | 0 <input type="text"/> mg/dl |
| Personal History | <input type="checkbox"/> | Weight | 165 <input type="text"/> pounds | Body Fat | 24 <input type="text"/> % |
| CVD | <input type="checkbox"/> | Age | 48 <input type="text"/> Years | Systolic | 140 <input type="text"/> |
| AF | <input type="checkbox"/> | Chol | 215 <input type="text"/> mg/dl | Diastolic | 80 <input type="text"/> |
| LVH | <input type="checkbox"/> | Tng | 0 <input type="text"/> mg/dl | Fitness | Sedentary <input type="text"/> |
| Diabetes Type 1 | <input type="checkbox"/> | LDL | 0 <input type="text"/> mg/dl | Ethnicity | Caucasian <input type="text"/> |
| Diabetes Type 2 | <input type="checkbox"/> | HDL | 0 <input type="text"/> mg/dl | Gender | <input type="radio"/> Male <input checked="" type="radio"/> Female |
| Smoker | <input checked="" type="checkbox"/> | | | | |

Navigation:

Record 1 of 1

FIG. 26



26/30

2700

Generate Reports


Current Test
File Number: 123 First: Jill Last: Smith Test Time Stamp: 12/8/98 10:16:01AM

☒ Full Program ☒ Cover Letter ☒ Summary ☒ Evaluation ☒ Receipt

Lifestyle Therapy
None
NCEP

Lipid Drug
None

Blood Pressure Drug
None

 **Generate Report**


 **Previous**

FIG. 27



27/30

2802

| CORONARY RISK FACTORS | | TEST RESULTS | IDEAL RANGE | GOALS |
|------------------------------|------------------------|--------------|-------------|-------|
| IDEAL IDEAL | GENDER | MALE | | |
| | PERSONAL HISTORY | NO | NONE | |
| | FAMILY HISTORY | NO | NONE | |
| | CVD | NO | | |
| MODERATE HIGH | AF | NO | | |
| | LVH | NO | | |
| | DIABETES (TYPE 1) | YES | NONE | |
| | SMOKER | YES | NO | |
| MODERATE | HEIGHT | 66 in | | |
| | WEIGHT | 155 lbs | | |
| | AGE | 44 | | |
| | TOTAL CHOLESTEROL | 211 | < 200 | |
| IDEAL IDEAL LOW LOW | TRIGLYCERIDES | 200 | | |
| | HDL | N/A | 45-65 | |
| | LDL | N/A | 65-135 | |
| | GLUCOSE | N/A | | |
| | PERCENTAGE OF BODY FAT | N/A | 18% | |
| | BP SYSTOLIC | 115 | < 120 | |
| | BP DIASTOLIC | 80 | < 80 | |
| | FITNESS | MODERATE | HIGH | |

2804

| PERSONAL HEALTH CONSEQUENCES | | |
|------------------------------|-----------------------------|---------|
| BODY MASS INDEX (BMI) | 25 | < 25 |
| POUNDS OVERWEIGHT | 0 | 0 |
| CHOLESTEROL/HDL RATIO | N/A:1 | < 3.5:1 |
| CARDIAC RISK | 5 YEARS - 5% 10 YEARS - 10% | |
| BIOLOGICAL AGE | 47 | < 44 |
| STROKE RISK | 10 YEARS - LOW RISK | |

2806

EXTENDED HEALTH ASSESSMENT SUMMARY

| | | | | | |
|-------------------|-----|-----|----|----|----|
| CHRONOLOGICAL AGE | 30 | 40 | 50 | 60 | 70 |
| CARDIAC AGE | N/A | N/A | 52 | 62 | 69 |

FIG. 28



28/30

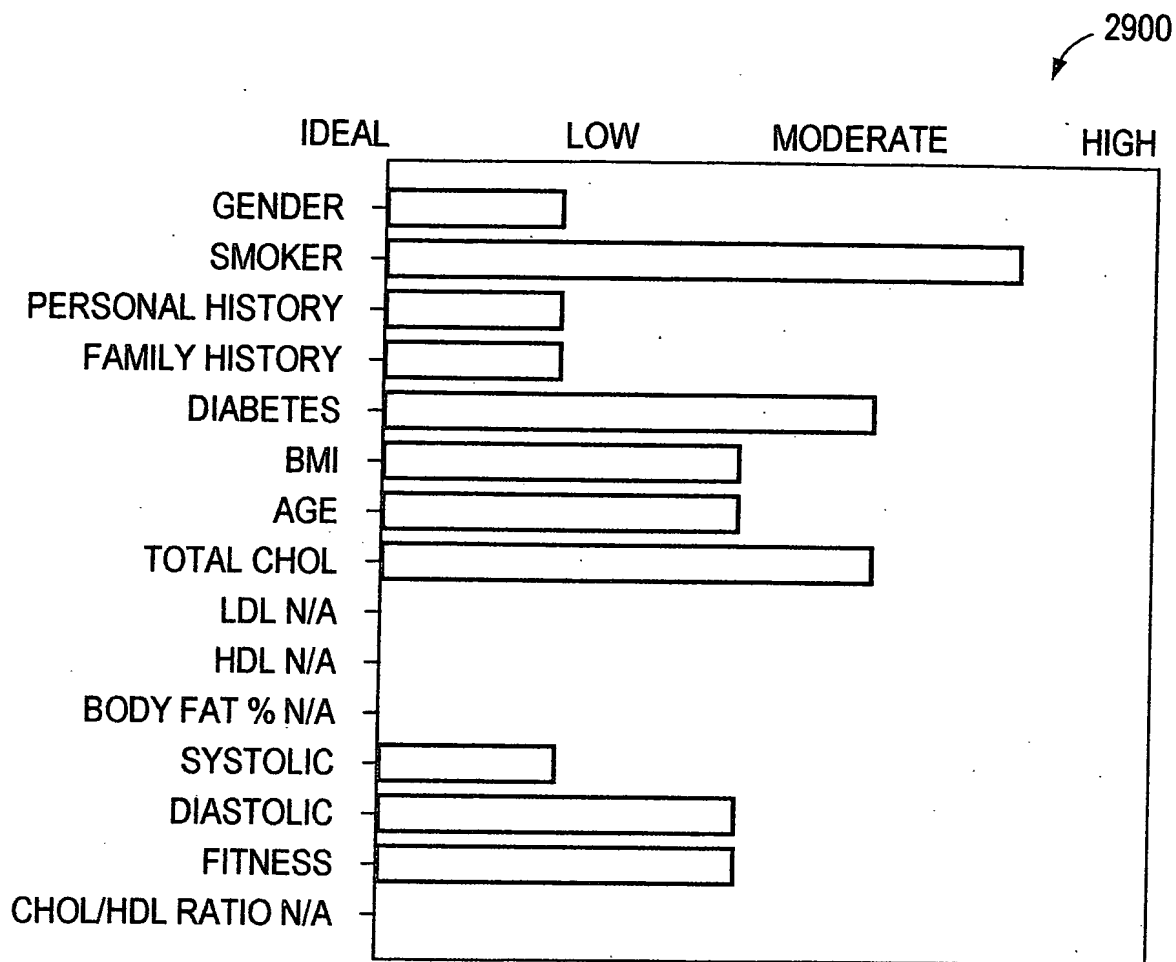


FIG. 29



29/30

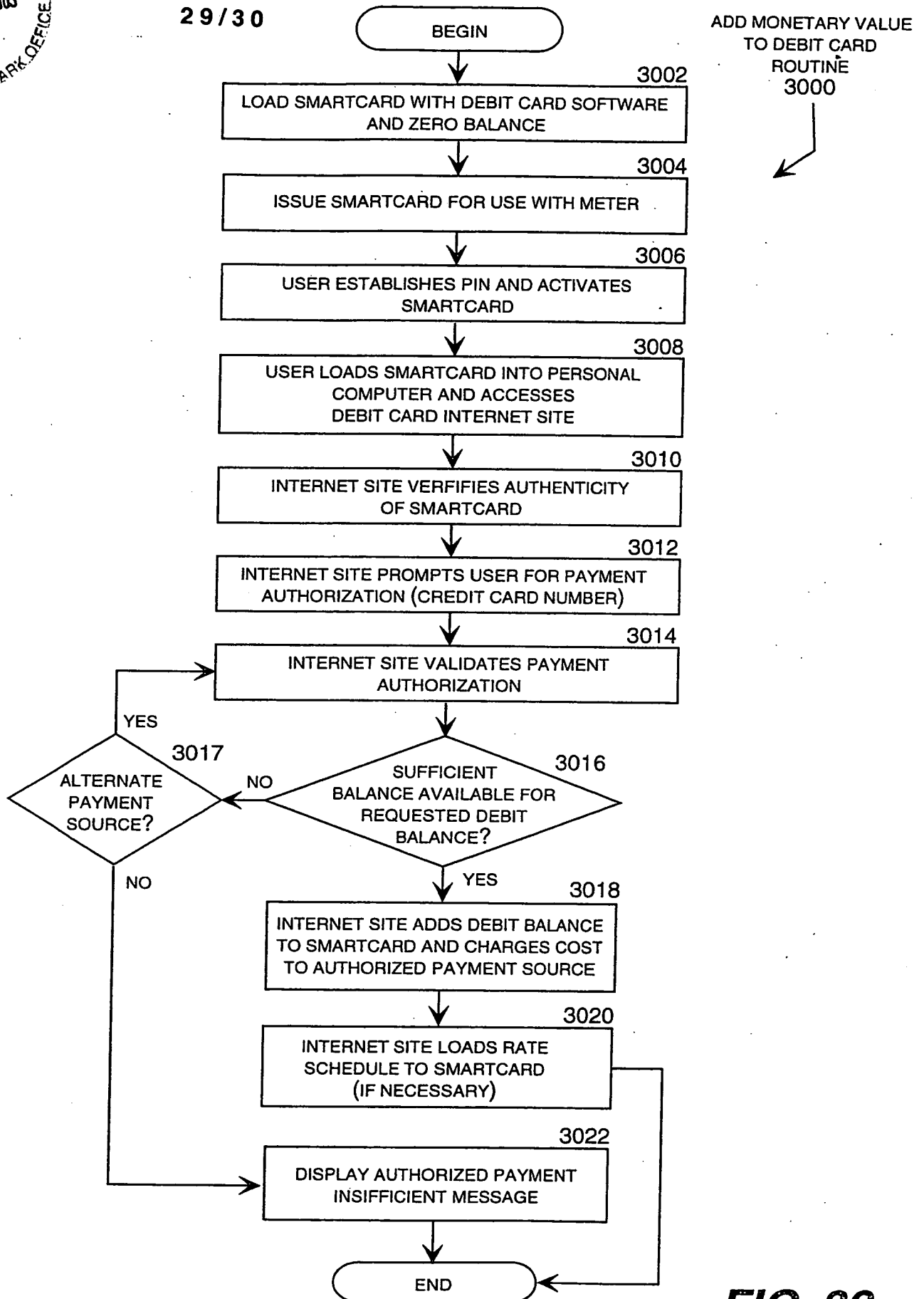
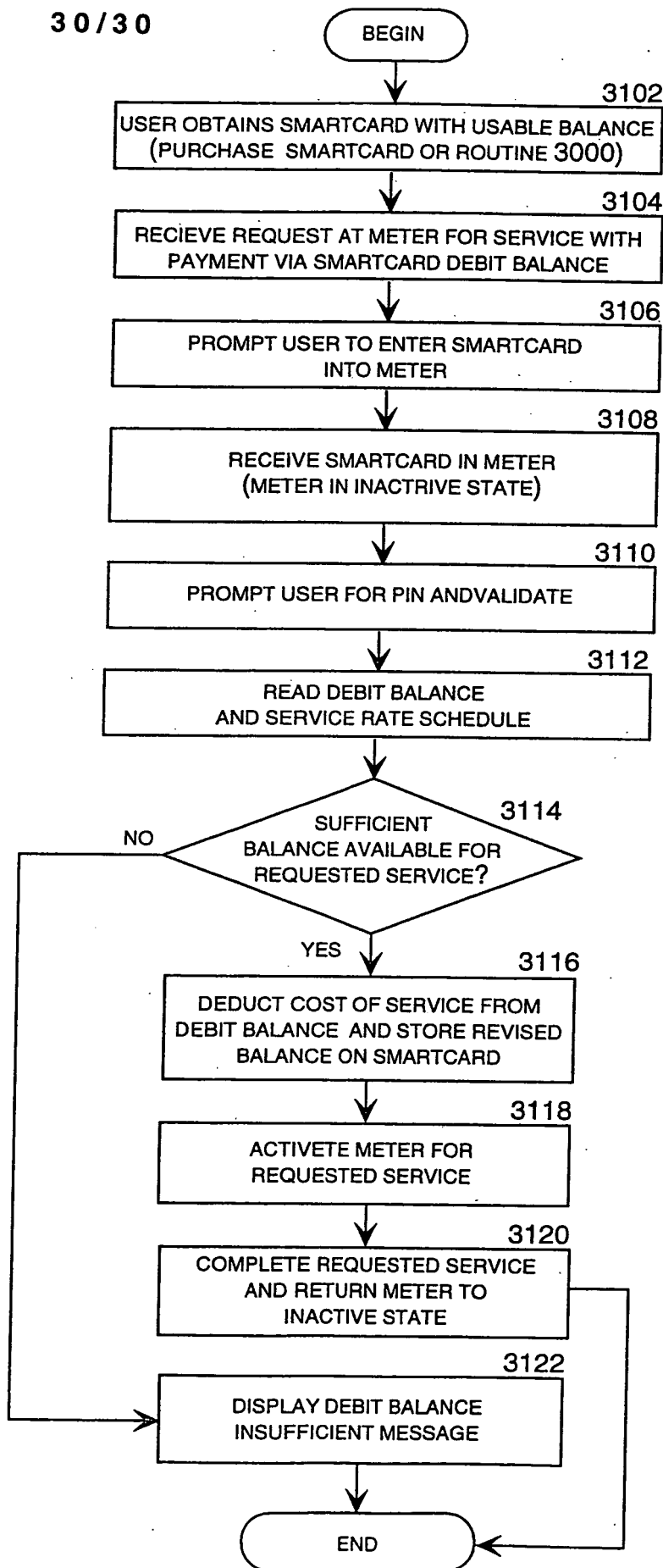


FIG. 30



30/30



USE DEBIT CARD
ROUTINE
3100

FIG. 31